

Children's Community Health Plan and Dean Health Plan (Southeast)

Notification List

Toll Free Phone Number – 800-482-8010

Fax Number – 608-836-6516

The requirement for notification is the responsibility of the participating provider furnishing the service/care.

Services	Explanation
Admissions	All inpatient admissions, including maternity, acute hospital, hospice, rehabilitation facilities and skilled nursing facility, elective admissions. Emergency admits within 24 hours or the next business day.
Home Health Services	All home based services, including nursing, respiratory therapy, IV infusion and hospice
Cosmetic or Reconstructive Surgery, including but not limited to: <ul style="list-style-type: none"> Blepharoplasty Breast reconstruction and reduction Sclerotherapy 	Medical necessity determination
Durable Medical Equipment (DME) > \$400	DME with retail cost of >\$400 whether for purchase or rental; must use network providers
Gastric Bypass Surgery	Medical necessity determination
Out of Network Service (non-participating)	Non-network professionals in any category
Outpatient Therapies, including: <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy 	All outpatient therapies, after initial evaluation
PET Scans	Medical necessity determinations
Pregnancy	Notification of pregnancy information should be provided which includes the expected date of delivery, type of delivery planned and any pertinent medical information.
Prosthetics > \$1,000	Prosthetics with retail cost of > \$1000. Must use network providers
Abortion/Hysterectomy/Sterilization	Federal Sterilization Informed Consent form must be submitted with claims for sterilizations and hysterectomies. Reimbursement for abortions is not available without specified certifications and documentation. Failure to comply with any of the requirements will result in denial of all claims associated with these procedures.
Transplant evaluations	Notification at the time of, or prior to the request for evaluation; all services pre and post; all transplant types.
Behavioral health services	All Inpatient Mental Health and Detoxification admissions. Prior Authorization is required for inpatient AODA admissions.
	Outpatient services – Members can self refer. AODA services, submit an authorization request after member assessment

The presence or absence of a procedure or service on the above list does not mean that it is a covered benefit for your Medicaid patients. For questions about benefit coverage, call Customer Service at 1-800-482-8010.

Chiropractic Services – not covered by CCHP. Members may use any Medicaid-certified chiropractor on a fee for service (FFS) basis.

Vision: - no referral required; must use Herslof Opticians. Routine vision services are covered annually. Referral for medical conditions must be to in-plan ophthalmologists. See listing in the CCHP Provider Services Directory.